

Pandemic Planning Update IV

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Michigan Department of Community Health

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A Message from Michigan Department of Community Health

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The avian influenza A (H5N1) virus continues to circulate in poultry and some wild birds in Asia, Eurasia, Africa and Europe. Human cases are still being seen in southeast Asia and northern Africa. In the past three months, the Lao People's Democratic Republic experienced their first two human cases of H5N1, and Kuwait, Saudi Arabia and Bangladesh encountered their first outbreaks in poultry. The World Health Organization pandemic influenza alert phase remains at a 3: No or very limited human-to-human transmission.

Inter – pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic Alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

http://www.who.int/csr/disease/avian_influenza/phase/en/index.html

Much is still unknown about the epidemiology of the H5N1 virus, and it remains uncertain if this avian influenza strain will mutate into a pandemic. It is also unknown when a pandemic may occur, regardless of the strain that may cause it. However, unprecedented research, public/private collaborations, community planning summits and inter-agency/organizational cooperative efforts are occurring all over Michigan for pandemic preparedness. And, even if a pandemic does not evolve in our near future, such efforts can only serve to enhance preparedness for any hazard or catastrophic event that may befall our citizens and communities.

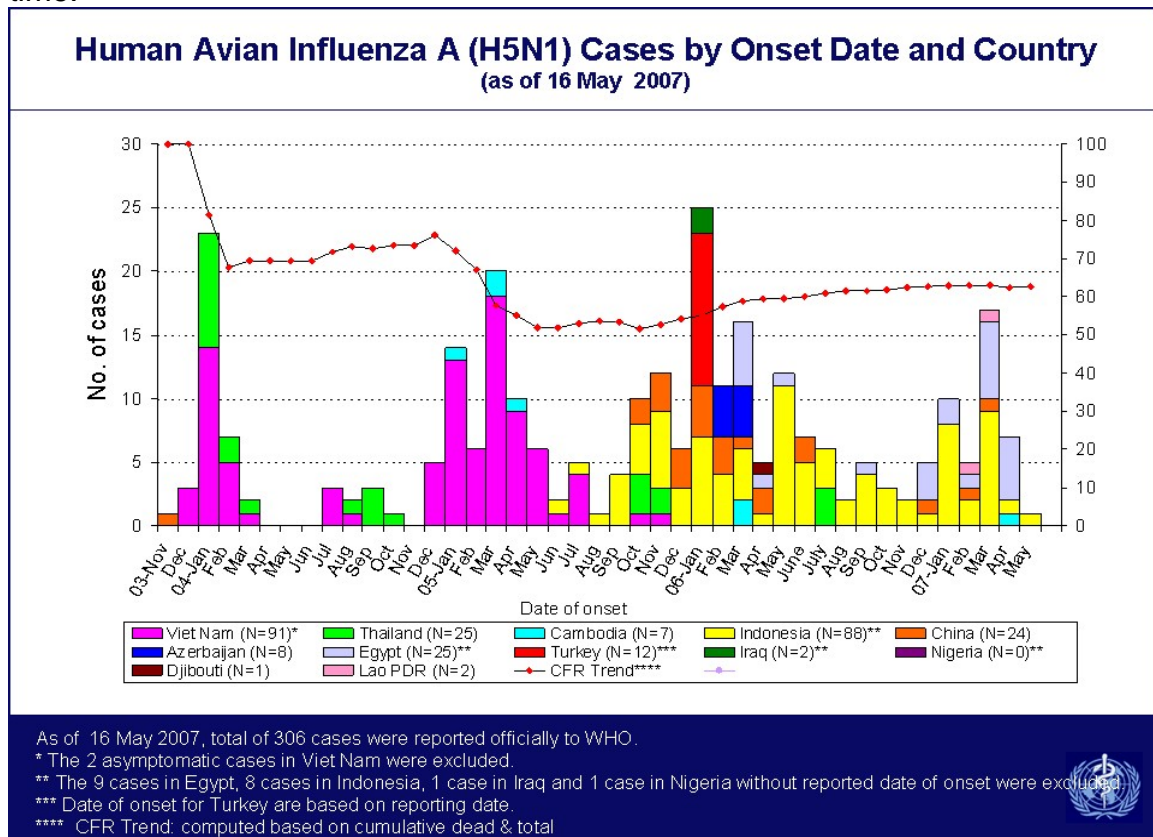
Monitoring and Surveillance

Early detection is vital to effectively contain a potential influenza pandemic. MDCH, along with our stakeholders, is continuously monitoring and interpreting reports from international, national, state and local levels for signs of seasonal and novel influenza, like avian influenza H5N1. MDCH distributes weekly surveillance reports through MI-Flu Focus to local health departments and

stakeholders. If interested in receiving MI-Flu Focus, please call Dr. Susan Vagasky at (517) 335-8165.

Global Status

Since our last update (January 31, 2007), there have been an additional 20 human cases and 6 fatalities over the three month period. As of May 25, 2007, there are 307 confirmed human cases of avian influenza H5N1 in 12 countries, with 186 deaths in 11 countries since 2003. Additional human cases and fatalities have been reported by Indonesia but are unconfirmed by WHO at this time.



http://www.wpro.who.int/health_topics/avian_influenza/data.htm

National Status

United States Department of Agriculture (USDA) and Department of Interior (DOI) surveillance for early detection of highly pathogenic avian influenza H5N1 in wild birds is ongoing. Nationally 100,000 high risk birds will be tested, especially in the Alaskan flyway, as this is a highly possible route of entry into the United States via birds from the Asian flyway summering in Alaska. Testing for the 2006 season was completed in April, with 145,056 birds and environmental samples tested nationwide. Because of this increased surveillance, H5N1 virus has been detected in wild birds in Maryland, Michigan, Pennsylvania, Illinois and

Delaware. Upon further testing, the strains were found to be the North American Low Pathogenic Avian Influenza (LPAI) that has been around since the mid-1970's. You can monitor results of the ongoing surveillance at <http://wildlifedisease.nbii.gov/ai/LPAI-Table.jsp>

The Centers for Disease Control and Prevention (CDC) continues to actively monitor and assist in the human outbreaks in Southeast Asia and Africa to help mitigate spread of the virus to the Western Hemisphere. Staff at our borders and international airports have been placed on heightened alert to monitor for signs of avian influenza H5N1 potentially entering the country.

Michigan Status

As part of the national wild bird surveillance plan, Michigan tested 2,369 samples during the 2006 sampling season; 1363 birds and 1006 environmental samples were tested. During the 2006 season, waterfowl sampled from St. Clair and Monroe counties were confirmed positive for the North American low pathogenic avian H5N1 influenza virus. This North American LPAI H5N1 has been circulating in the environment since the mid-1970s.

"Dead Bird" Reporting

1. Report sick or dead waterfowl, gulls and shorebirds
2. Die off of 6 or more birds in one area during a short period of time

For online reporting go to
www.michigan.gov/avianinfluenza

Or call Department of Natural Resources at
517-336-5030 (M-F 8 to 5) OR
1-800-292-7800 (after hours and weekends)

Influenza surveillance is being conducted year-round, given that a novel or pandemic influenza strain can appear outside of the "seasonal" period, October through April. To assist in our year-round surveillance, MDCH has 91 Sentinel Physicians participating in the program. If you are interested in participating in

the Sentinel Physician Surveillance program contact Dr. Rachel Potter at 517-335-8159.

Human Testing for Avian Influenza H5N1

1. A case requires hospitalization or is fatal; **AND**
2. Temperature $\geq 38^{\circ}\text{C}$ (100.4°F); **AND**
3. Radiographically confirmed pneumonia or ARDS; **AND**
4. Traveled to an area of the world in past 10 days where H5N1 activity was confirmed or suspected and with reported exposure to:
 - a. Sick or dead birds
 - b. Consumption of raw/undercooked poultry
 - c. Close contact with an ill person who suspected/confirmed to have H5N1
 - d. Worked with live influenza H5N1

The following criteria must be met before human H5N1 testing can be requested (see insert). To request testing of a human specimen, contact the Bureau of Epidemiology at 517-335-8165 OR after hours at 517-335-9030.

More information can be found at:

http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779_40564-138285--,00.html

Pandemic Planning

The best protection against pandemic influenza—a vaccine that is well-matched to the virus causing illness—is not likely to be available at the outset of a pandemic. Community strategies that do not involve vaccines or medications (also called non-pharmaceutical interventions) may serve as a first line of defense to help delay or mitigate the spread of influenza.

Mitigation guidelines issued by the CDC, DHHS (February 1, 2007) include social distancing strategies to reduce contact between people:

- dismissal of students, and/or closure of school
- canceling public gatherings
- planning for liberal work leave policies
- teleworking strategies
- voluntary isolation of cases
- voluntary quarantine of household contacts

The guidance was developed through a collaborative process that included public health officials, mathematical modelers, researchers, and stakeholders from government, academia, private industry, education, and civic and faith-based organizations. It will be refined as needed based on further knowledge gained from research, exercises, and practical experience. MDCH is working to incorporate this guidance into the State Pandemic Influenza Plan.

The full document, ***Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States - Early Targeted Layered Use of Non-Pharmaceutical Interventions***, is available at <http://www.pandemicflu.gov/plan/community/commitigation.html>.

MDCH Preparedness Activities February thru May 2007

Collaboration and Planning

- Updating the MI School Toolkit – an updated version of a preparedness toolkit for school systems and local health department partners is being completed, and will be rolled out with the new school year Fall 2007.
- Community mitigation plan has been outlined and submitted to the Centers for Disease Control and Prevention (CDC) according to guidelines provided by CDC in early 2007.
- A College and University survey has been completed and date is currently being compiled with the plan to convene a state-wide Pandemic Planning Summit for higher educational institutions in Michigan this summer.
- A State Operational Plan has been submitted to the CDC which compiles operations from key state agencies involved in pandemic response: Community Health, Agriculture, Office of the State Employer, Education, Labor and Economic Growth and State Police, among others.
- The School-Public Health Workgroup has developed materials for the updated school toolkit as well as a Recommendations to Schools document with regards to triggers for activating parts of school response plans according to Phases and Stages of a declared influenza pandemic.
- The Michigan Antiviral/Vaccine Distribution and Administration Plan has been completed and submitted to the CDC and is maintained in the Office of Public Health Preparedness.
- The Operation Wildfire exercise, a series of exercises for pandemic influenza for the Michigan Department of Community Health began in April 2007 and will end in May 2007. Exercises will involve activation of the Community Health Emergency Coordination Center, responses for communications, the Strategic National Stockpile, and mortality events.
- A draft Safe Work Practice has been developed by the Avian Influenza Interagency Working Group and the Office of the State Employer, and will be shared with all agency responders who have employees that will be involved in the response for an avian influenza outbreak (such as poultry culling, farm quarantine, etc). A pandemic influenza Safe Work Practice is planned for Fall 2007.
- A multi-agency state-level avian influenza tabletop exercise is planned for July 2007, to exercise communications and coordination between agencies responding to bird flu: US Department of Agriculture, Michigan Department of Agriculture, Department of Natural Resources, Community Health and Michigan State University and its Extension offices.
- New guidelines were released by CDC about the use of masks by the public in a possible pandemic. Further information can be found at <http://www.pandemicflu.gov/>
- MDCH staff have given 27 presentations from February thru April reaching approximately 1400 people.